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Bib Data Sheet

CONFIRMATION NO. 5602

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/022,731 | <b>FILING DATE</b><br>12/20/2001<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2661 | <b>ATTORNEY DOCKET NO.</b><br>P67433US0 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**  
In-Kyeong Choi, Taejon, KOREA, REPUBLIC OF;  
Seong Rag Kim, Taejon, KOREA, REPUBLIC OF;

**\*\* CONTINUING DATA \*\*\*\*\***  
None *AS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
REPUBLIC OF KOREA 2001-61537 10/05/2001  
*AS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 01/17/2002

|  |  |   |                            |                           |                                |
|--|--|---|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>AS</i> Initials | <b>STATE OR COUNTRY</b><br>KOREA, REPUBLIC OF | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>10 | <b>INDEPENDENT CLAIMS</b><br>1 |
|--|--|---|----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
JACOBSON HOLMAN, PLLC.  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 Seventh Street, N.W.  
Washington, DC 20004

**TITLE**  
Interference cancellation receiver for use in a CDMA system

|                                   |  |   |
|-----------------------------------|--|---|
| <b>FILING FEE RECEIVED</b><br>370 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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